

**FORM NO. 8**  
**GOVERNMENT OF SIKKIM**

DEPARTMENT \_\_\_\_\_

Nomination for benefits under the Sikkim Government Employee's Group Insurance Scheme, 1993.

(When the Government Servant has a family and wishes to nominate one member or more than one member thereof).

I.....hereby nominate the person (s) mentioned below , who is / are member (s) of my family and confer on him/them the right to receive to the extent specified below any amount that may be sanctioned by the Sikkim Government under the Sikkim Government Employees' Group insurance Scheme, 1993 in the event of my death while in service or which having become payable on my attaining age of superannuation may remain un paid at my death-

Name and address of nominee/nominees	Relationship with Govt. servant	Age	Share of amount to be paid to each *	Contingencies on the happening of which the nomination shall become invalid	Name address and relationship of the person, if any, to whom the right of nominee shall pass in the event of his predeceasing the Govt. servant.
1	2	3	4	5	6
<p>1.</p> <p>2.</p> <p>3.</p>					

**N.B :** The Government servant should draw lines across the blank space his entry to prevent insertion of any names after he has signed.

Date this.....day of .....200 .....at.....

Signature of two witnesses,

1

2

Signature of Government servant

\* This column should be filled in so as to cover the whole amount that may be payable under insurance scheme.